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SOME HOSPITAL DEVICES AND PROCEDURES

As Used in the Manhattan Maternity and Dispensary, New York City

By NANCY E. CADMUS, R.N.

When a request came from the editor of the Journal for a "short illustrated article descriptive of new methods and procedures" the words of the wise man of old, when he said, "there is nothing new under the sun" came at once to my mind.

In the following descriptions and illustrations there is no claim made to being the originator in these various devices and methods—they are simply adaptations of already existing things.

Illustration No. 1 shows the table and cart ready for a delivery, the aim being to secure the greatest simplicity possible, and to convey practical impressions to the student nurses.

Illustrations No. 2 and No. 3 show a bed 6 feet long, 2½ feet wide and 2 feet high without castors, 2½ feet with them. This bed is fitted with a Rockefeller brake, an adjustable foot-rail and head-rest. In the first instance it is used to take the patient to the roof, in the second, it serves as an emergency delivery table.

The nurse is wearing the regular equipment used at deliveries and in the background may be seen a screen suspended from a swinging arm, as floor space in this particular place is very limited, thus making a screen frame resting on the floor quite troublesome. When not in use this screen swings flat against the wall, the curtain clearing the floor at all times.

Illustration No. 4 shows an incubator made of aluminum holding an electric lamp suspended in the roof, a usual crib mattress and fittings for the baby, and a thermometer kept under the covers which remains almost uniformly at 100° F. A 15 or 20 Watt lamp with an opaque bulb is used. In this hospital we have a routine regulation to guard against overheating; namely, the current is turned off five minutes of every half hour.

So far as I know this device was first used at Bellevue Hospital, this city. It was suggested to me by Dr. J. C. Edgar, one of our attending staff. It has been used by us for only about two months during which time we have had it almost constantly in use with unfailing success. Its advantages are its simplicity, its provision for a continual supply of new air to the baby, and the ability to keep the baby's extremities evenly warmed; also the ease with which the nurse may watch the baby.

Illustration No. 5 shows a corner of the nursery on our private floor, where again, because of limited floor space, screens are suspended from swinging arms. Drafts from the door in this corner necessitated some kind of a protection for the babies.

The little electric stove is very helpful in the spring and autumn.

Illustration No. 6 shows patient, bed, nurse, and equipment, ready for a post-partum dressing.

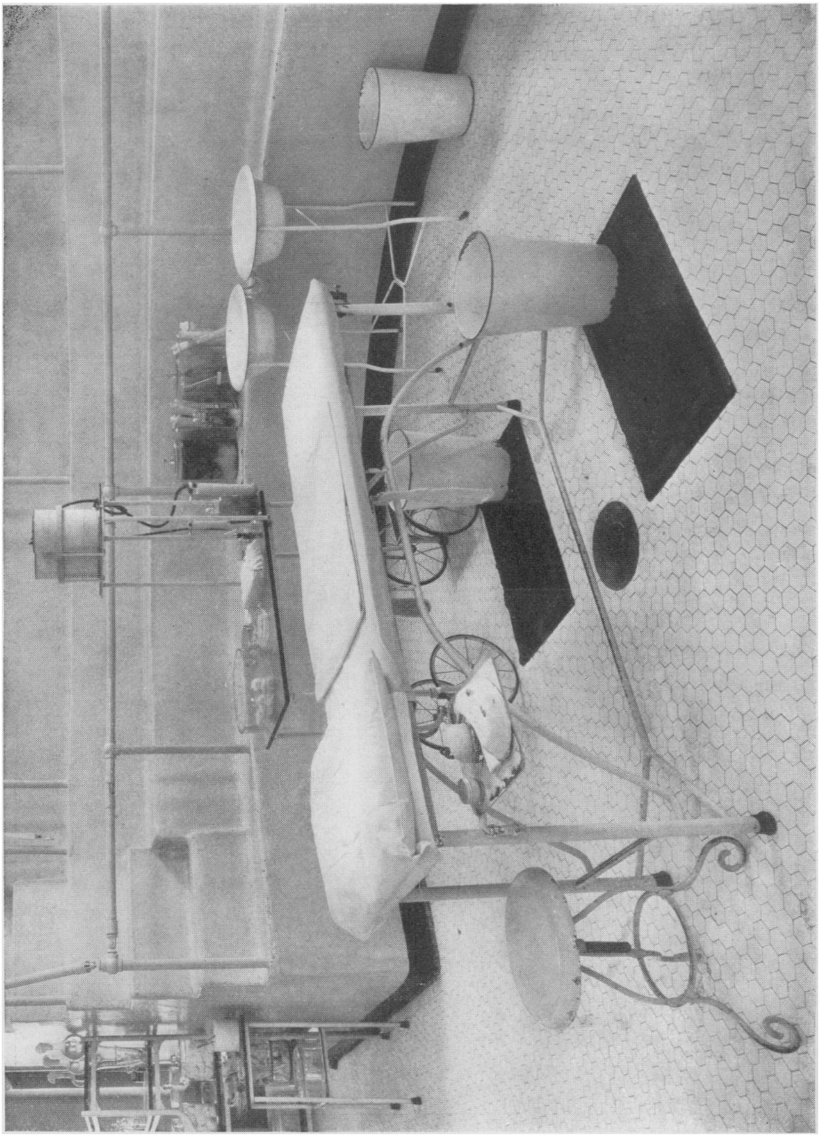
Cut No. 7 shows a nearer view of the dressing carriage. This is an adaptation of that long in use by the Sloane Hospital for Women. The basin in the center is for cotton sponges in a solution, the quart cup contains solution for irrigation, and the hydrometer jar carries the sponge holder in a solution.

The bag suspended from an S hook on a bar of the bed contains eighteen cotton sponges and six vulva pads, enough for three patients when dressings follow one after the other. These dressings are sterilized in the bag. The large pitcher contains an extra supply of solution to replenish when the quart cup is emptied. Each patient has her own sheet for draping kept in her bedside table and it is repeatedly used unless it becomes soiled.

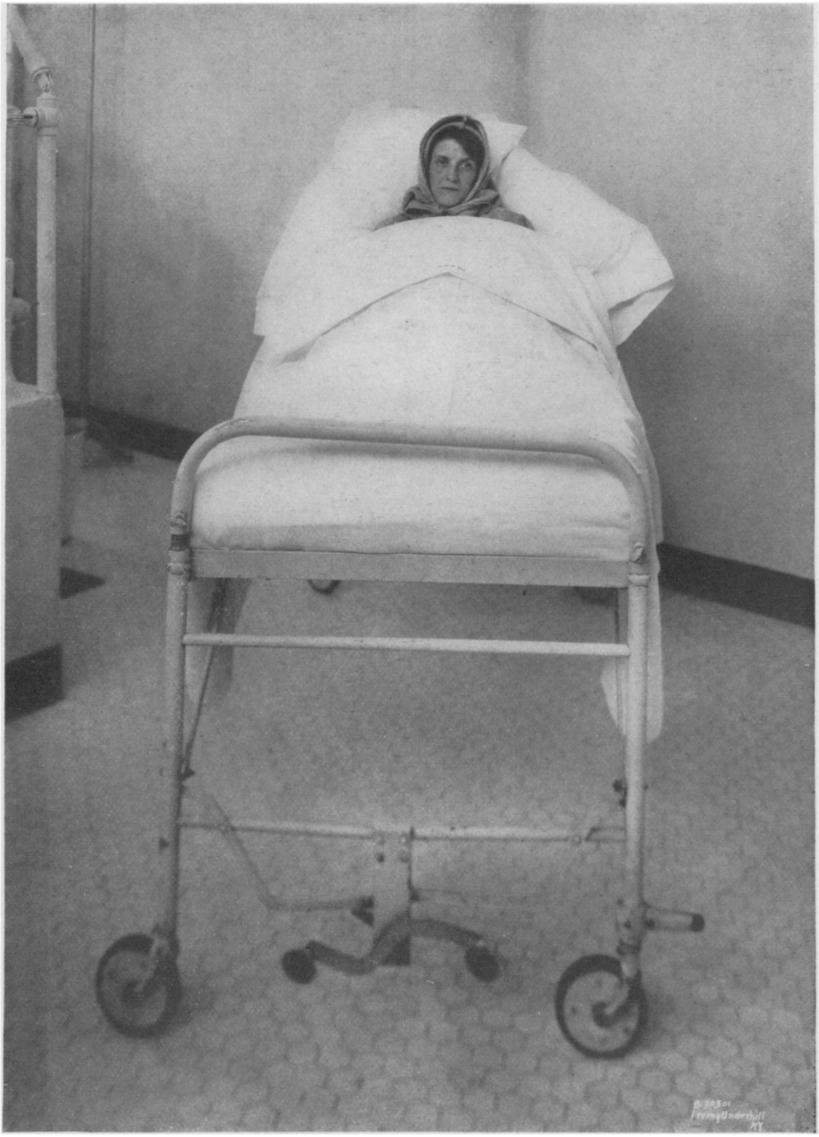
The nurse rolls her sleeves above her elbows and thoroughly washes her hands with soap and warm running water but does not scrub or disinfect them. She cleanses the patient entirely by irrigations and by sponging with sponges grasped by the sponge holder , thus eliminating the need of disinfection of the hands. The time required to do a post-partum dressing from the placing of the screens about the bed until the nurse has finished is about fifteen minutes.

Illustration No. 8 shows a device which has furnished us much relief from the smell of burned rubber. Nipples, breast shield, etc., after being cleansed, are placed in this basket and plunged into boiling water for three minutes. This basket is an ordinary strainer or egg basket to which our engineer attached legs made of galvanized tin. I consider this device a prize.

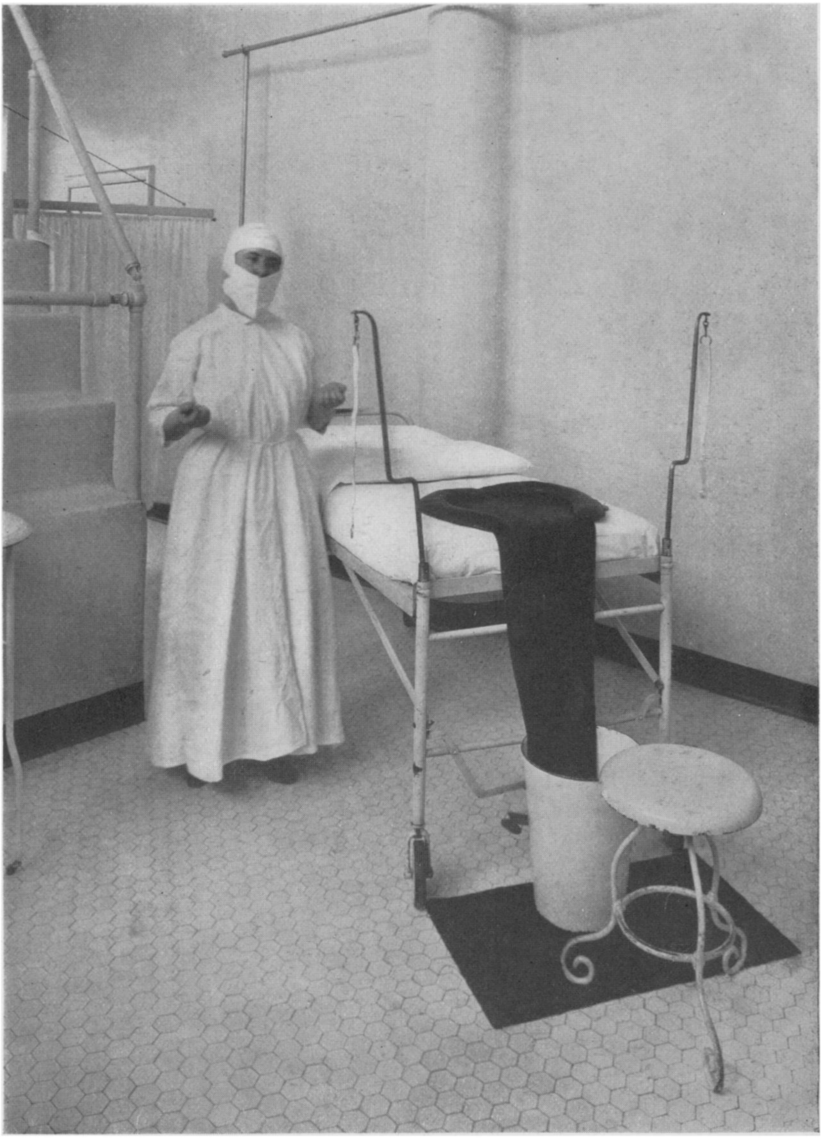
Illustration No. 9 shows another device born of necessity. Because of the location of the windows in our nursery, ventilation without a draft on the babies was nearly an impossibility. These ventilators are made of galvanized tin and consist of an air chamber inserted into an adjustable board which rests in the window under the lower sash. The chamber with an opening in the lower section is dropped back of the radiator thus causing the introduced air to pass through the heated air from the coils of the radiator. The intake of air is controlled



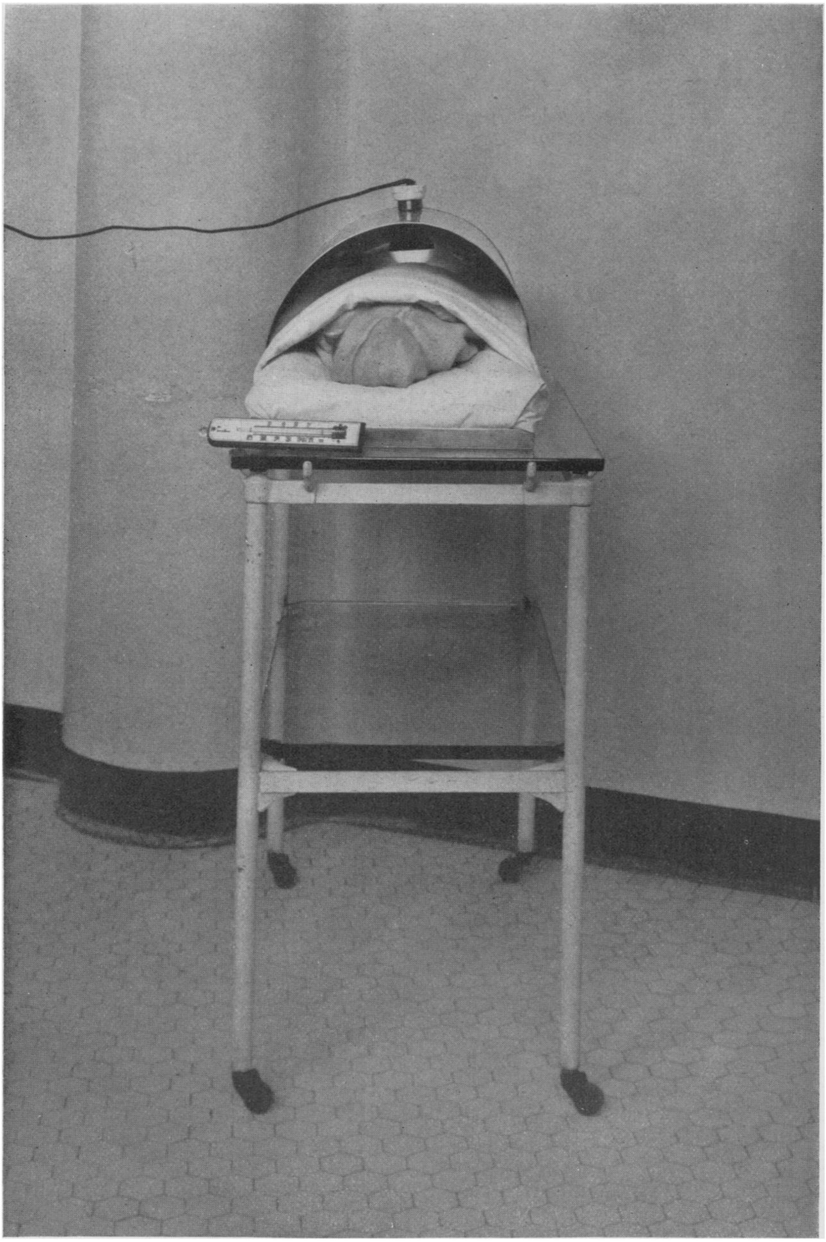
NO. 1. TABLE AND CART READY FOR A DELIVERY



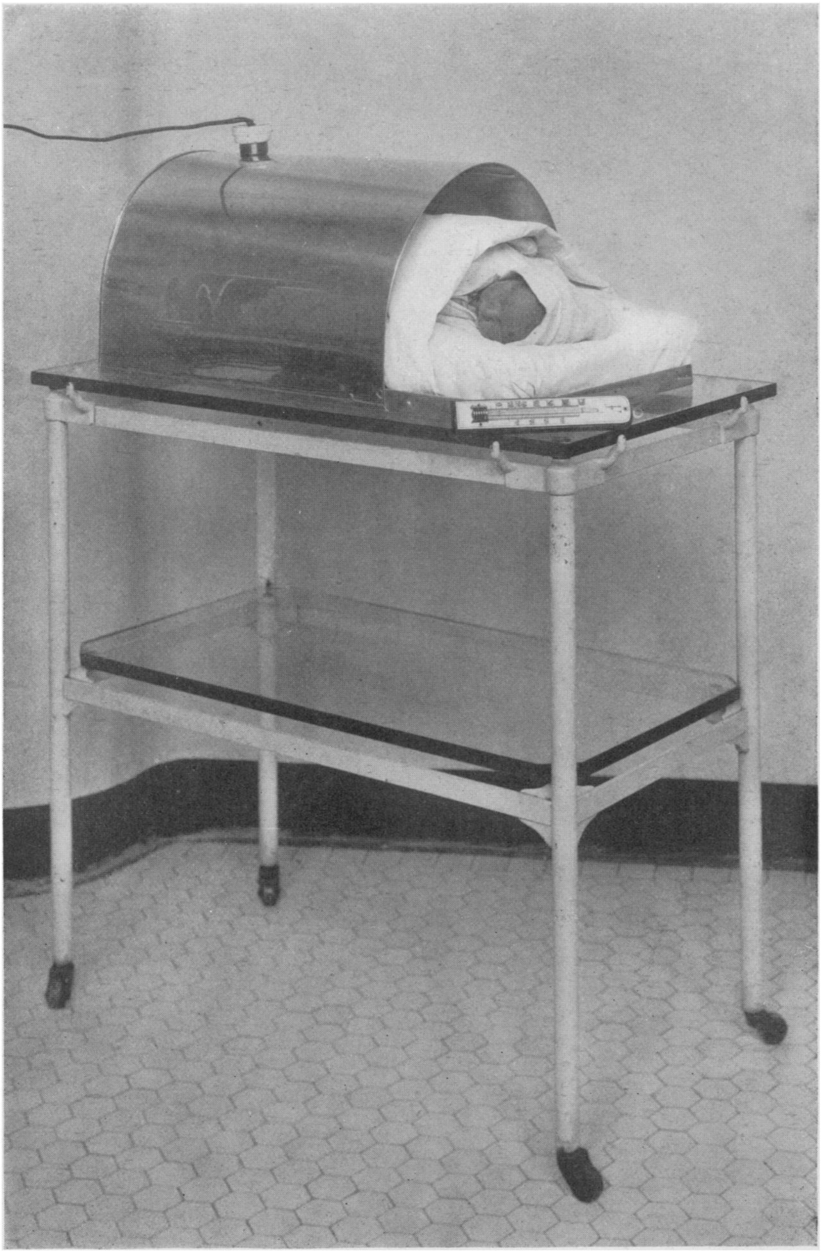
NO. 2. PATIENT ON BED READY TO GO TO ROOF



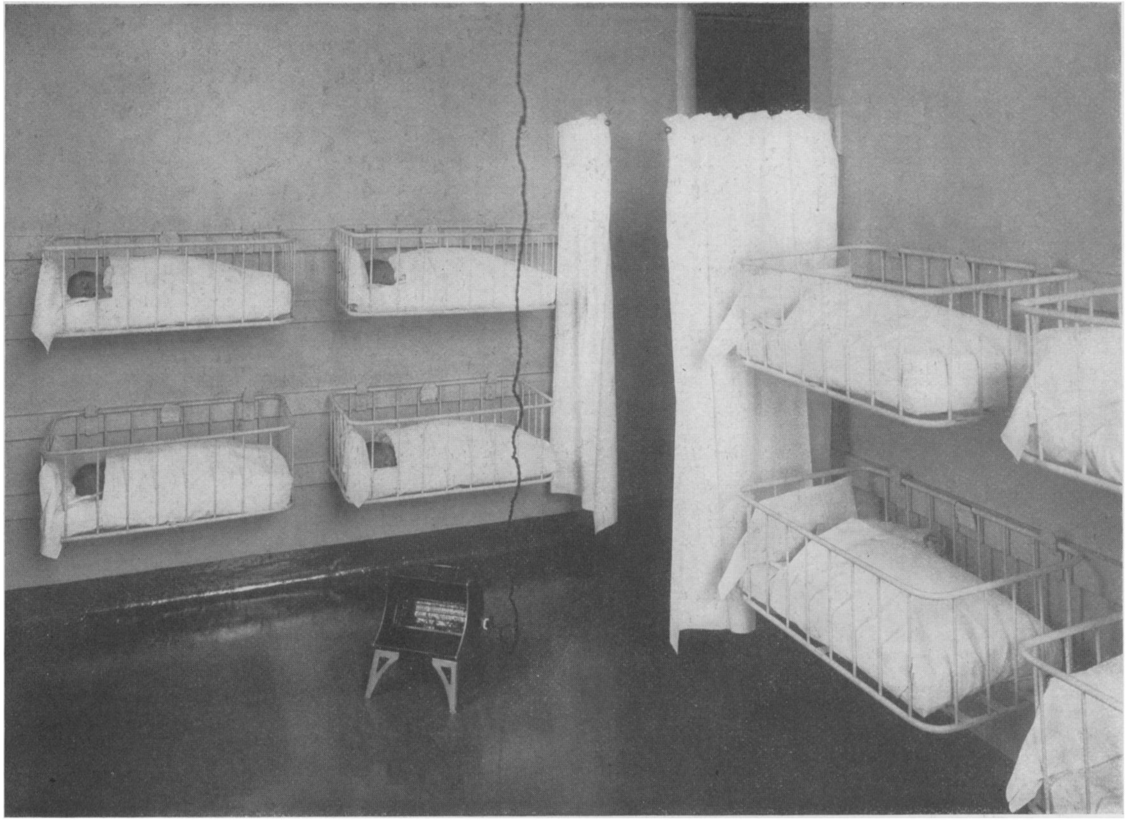
NO. 3. 1. SAME BED USED AS AN EMERGENCY TABLE
2. NURSE IN DELIVERY ROOM UNIFORM
3. SCREEN HUNG ON SWINGING ARM



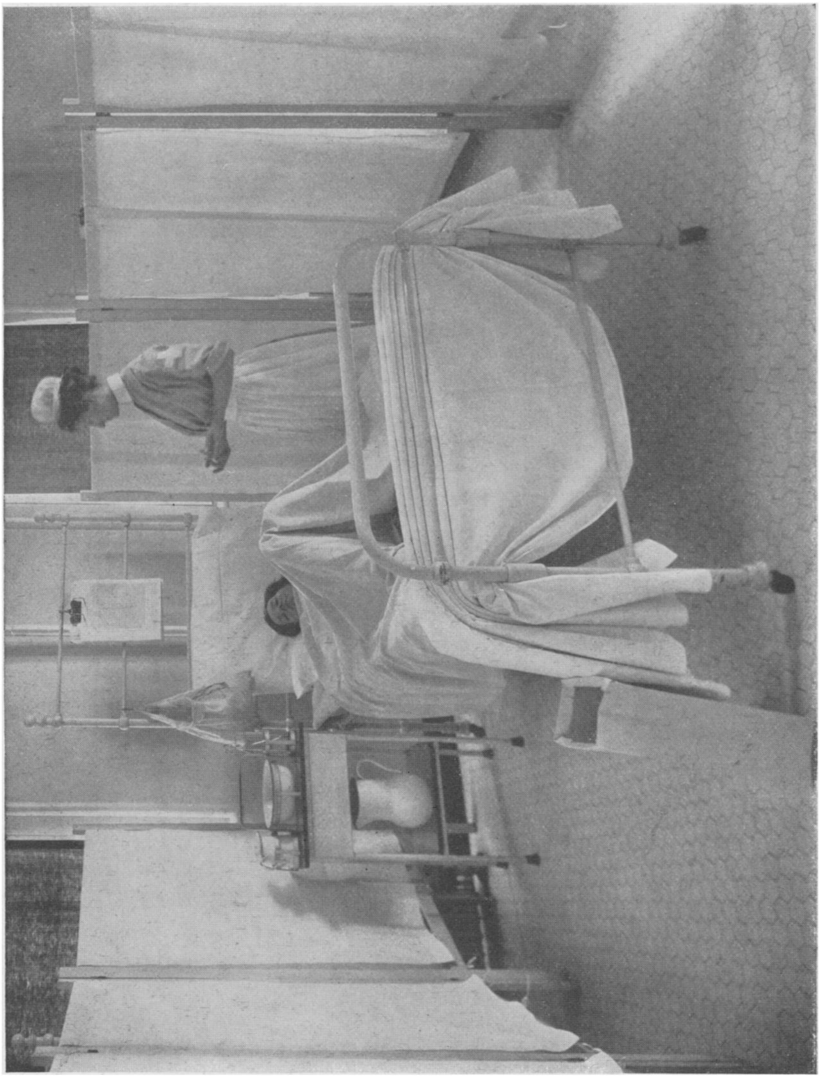
NO. 4. INCUBATOR CAPABLE OF FREE VENTILATION
SIDE VIEW



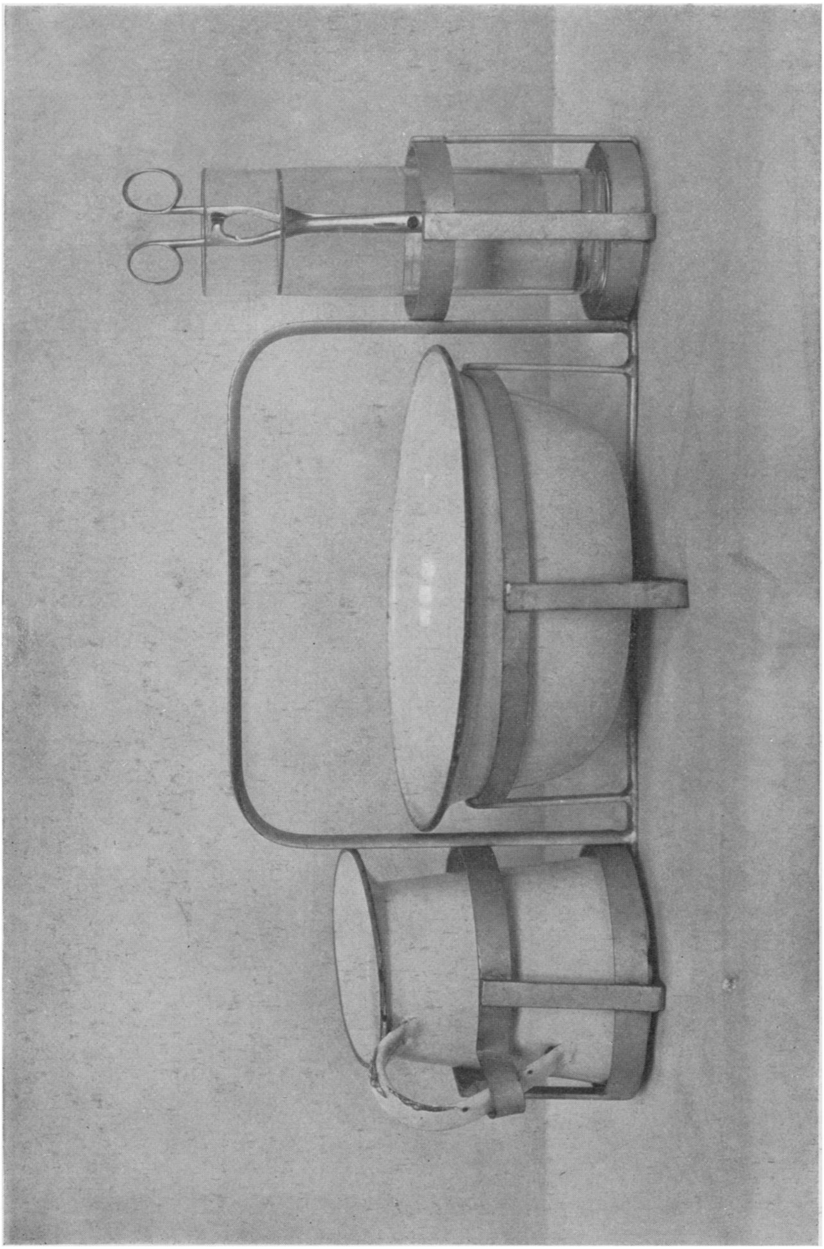
NO. 4. INCUBATOR CAPABLE OF FREE VENTILATION
SHOWING INTERIOR



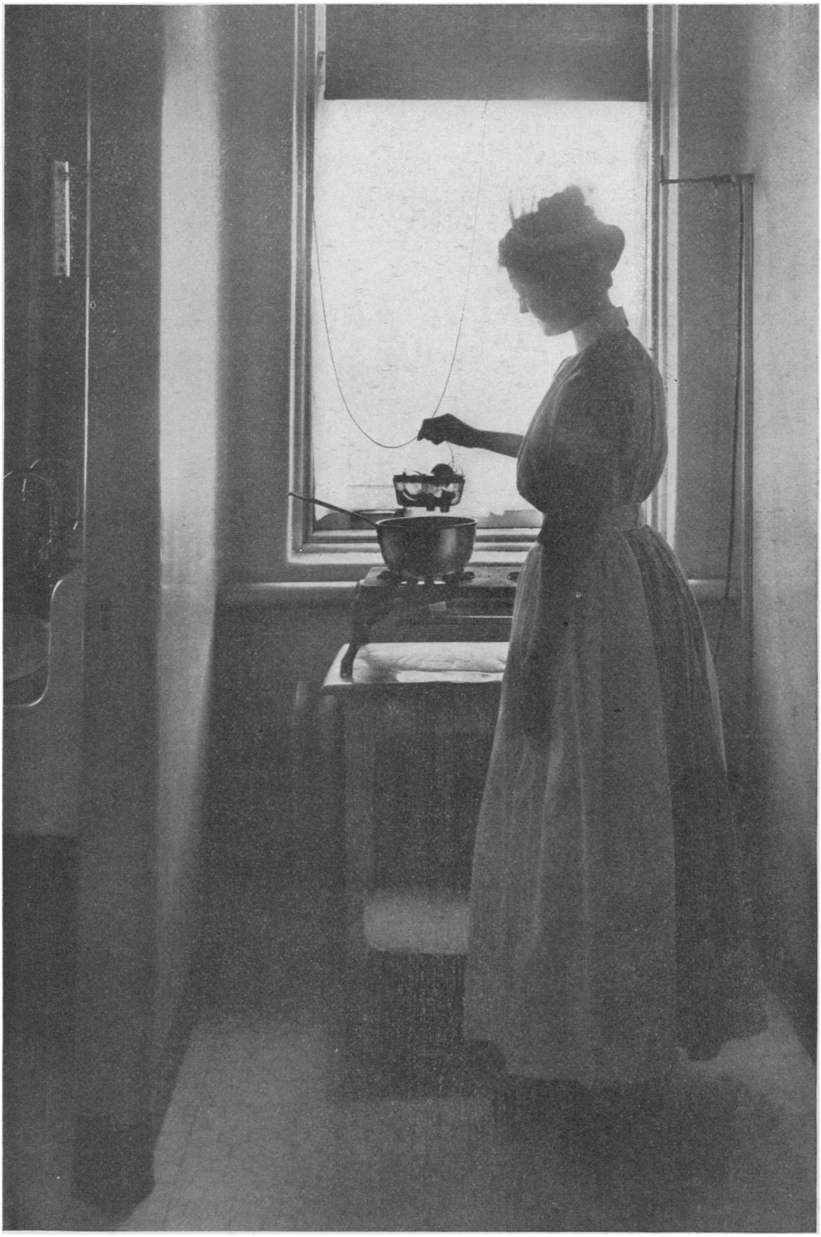
NO. 5. CORNER OF NURSERY SHOWING SWINGING SCREENS AND ELECTRIC STOVE



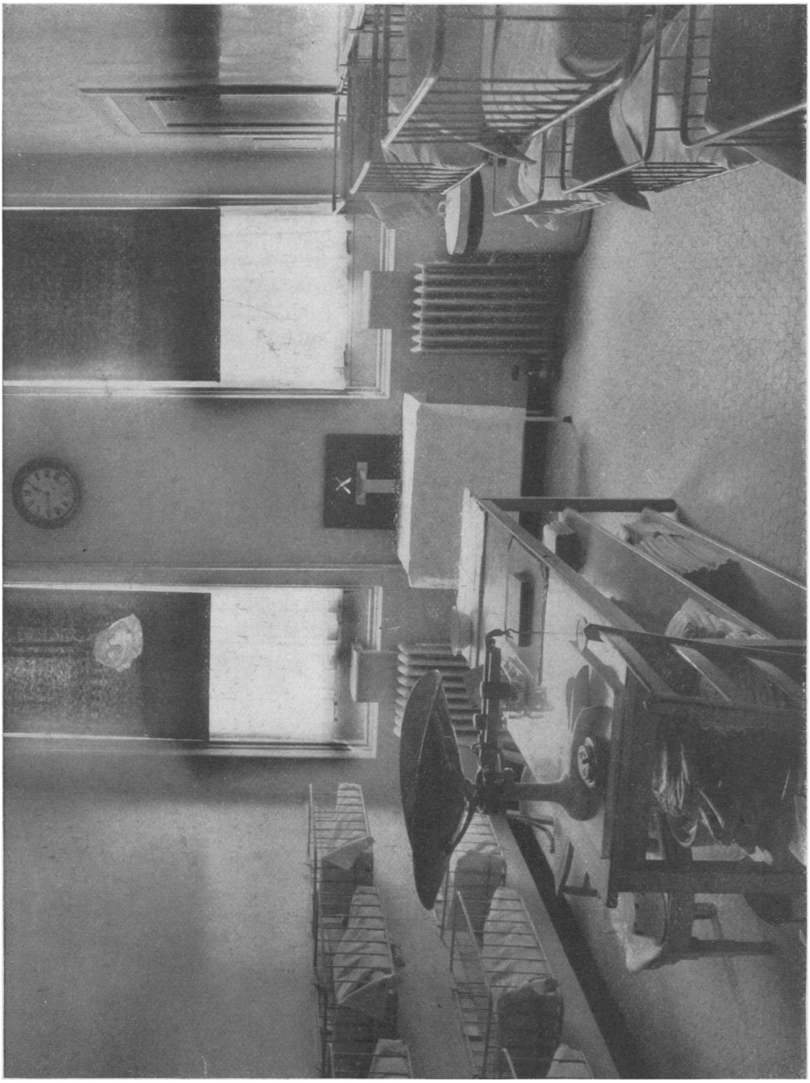
NO. 6. READY TO BEGIN A POST PARTUM DRESSING



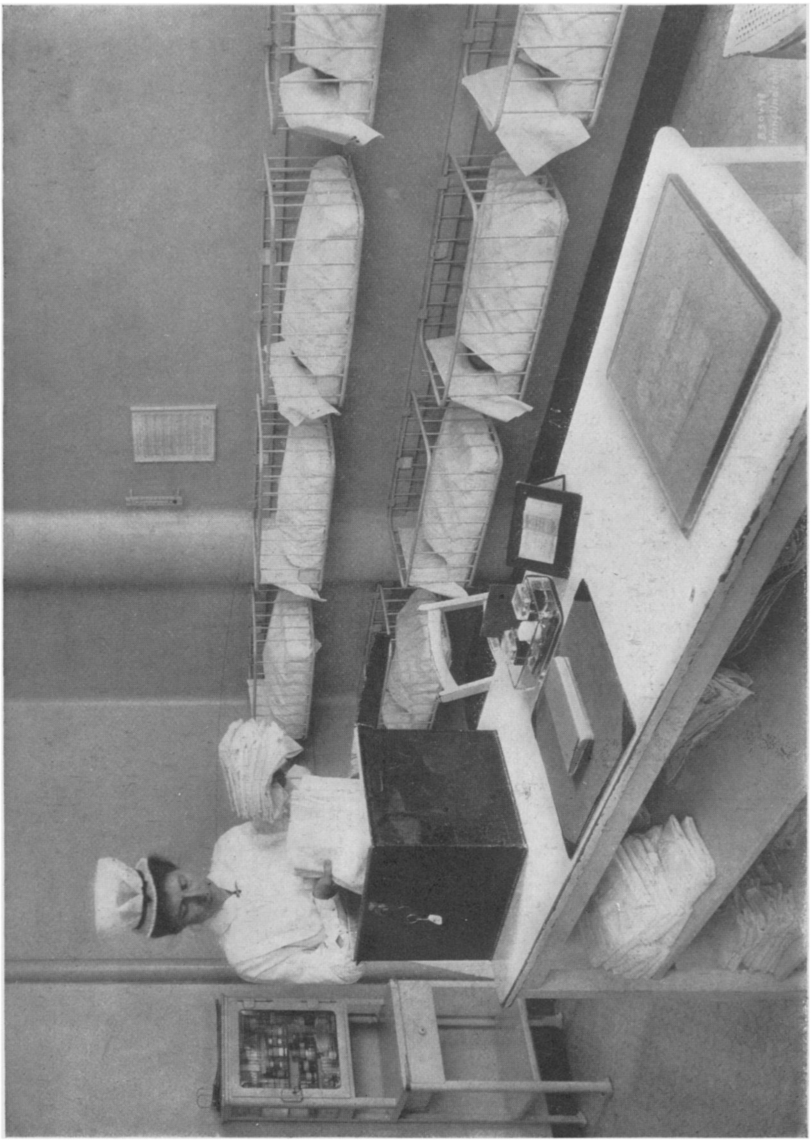
NO. 7. A NEARER VIEW OF THE DRESSING CARRIAGE



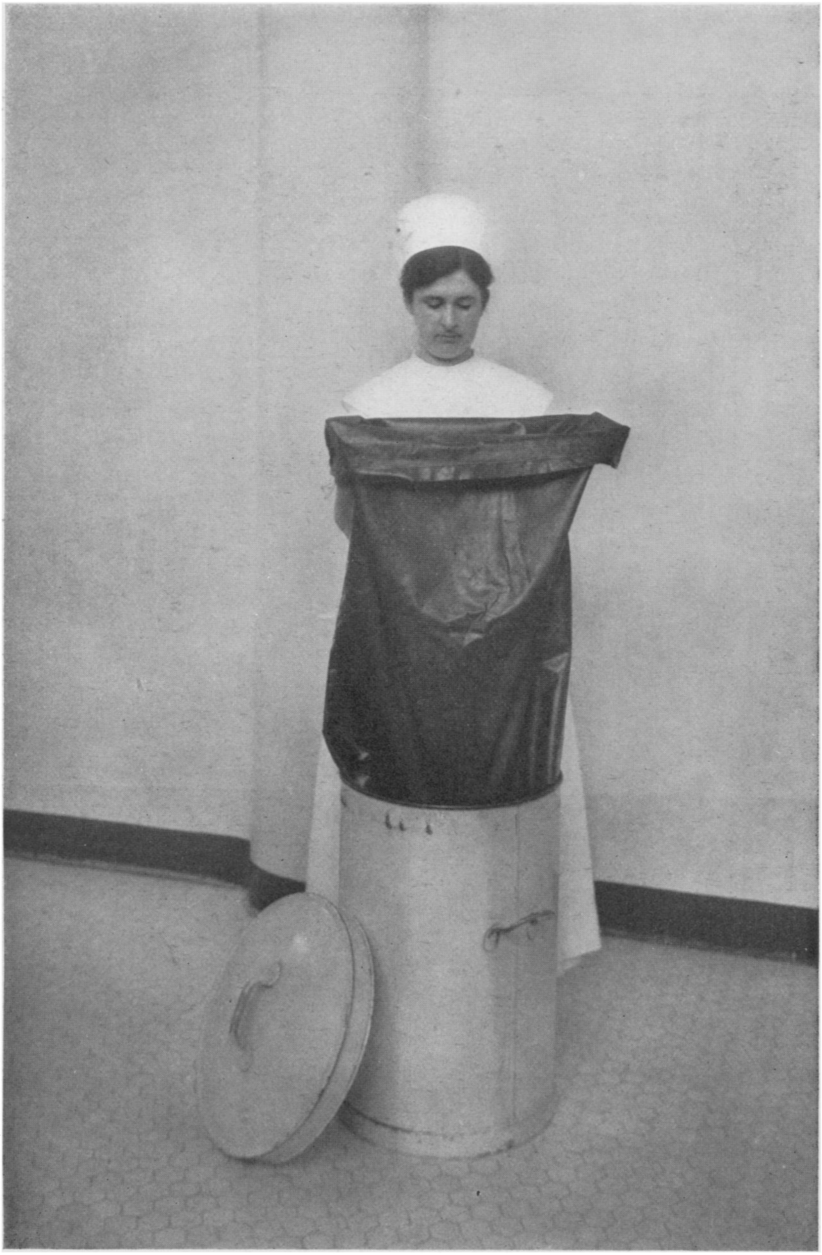
NO. 8. NIPPLES, BREAST SHIELD AND BREAST PUMP IN BASKET



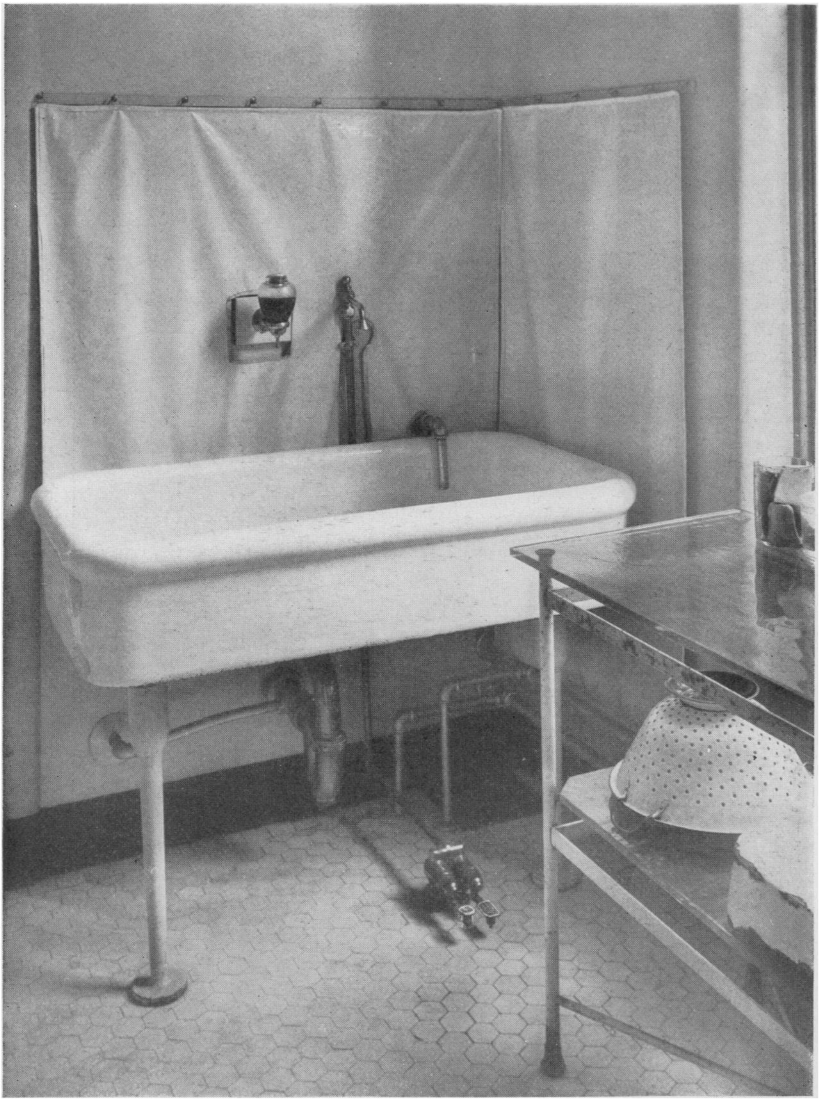
NO. 9. VENTILATORS IN WINDOWS—MODEL ON TABLE (X)



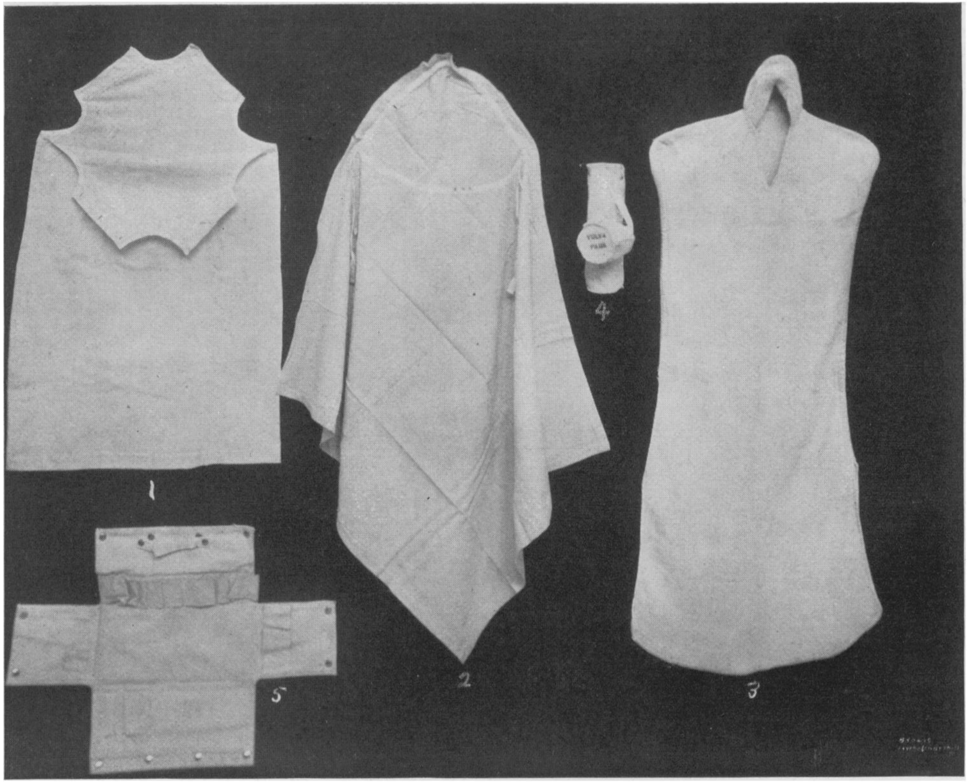
NO. 10. SUNDAY'S SUPPLY OF DIAPERS



NO. 11. REMOVABLE BAG USED TO RECEIVE PAPER BAGS FILLED WITH DRESSINGS AND SOILED DIAPERS



NO. 12 WALL PROTECTION ABOUT SINK



NO. 13

1. GERTRUDE
2. ROOF SHAWL
3. PREMATURE BABY JACKET
4. CANVAS POCKET FOR VULVA PADS
5. LINING FOR NURSE'S BAG

by a damper just inside the adjustable board, and an indirect ventilation is secured by the lapping of the two sashes of the window.

The model in the center shows the ventilator in outline.

Illustration No. 10 shows the head nurse on Sunday opening a box to secure a supply of diapers which were put aside during the week, box locked, and key put away until Sunday.

This is a simple, homely matter, but it has served a valuable purpose since brought into use. Ten or twelve dozen of each size of diaper are thus put aside.

Illustration No. 11. A double faced, black, rubber bag used in our cans, by means of which the paper bags containing soiled materials are never handled by the porter who places a clean rubber bag in the can as he removes the used one. When emptying the contents, he permits the bag to turn wrong side out, after which it is subjected to a cleaning process and is next used with that side out.

Illustration No. 12 gives a plan whereby walls about a sink are protected by white, enameled cloth curtains, bound with white tape, and suspended on small cup hooks inserted in a light bar of wood.

Illustration No. 13 gives a picture of the Gertrude and the roof shawl used by our babies, a premature baby jacket made of eiderdown, and two devices used in the nurses' district bags; namely, a round canvas pocket for vulva pads and a canvas lining for their bags.

All will agree with me that in the above there is nothing really new, but I trust the study of the pictures and descriptions will prove to be of interest.